

**BIRMINGHAM CITY COUNCIL**

**PUBLIC REPORT**

**Report to:** CABINET

**Report of:** Corporate Director for Adult Social Care and Health

**Date of Decision:** 26<sup>th</sup> June 2018

**SUBJECT** INTEGRATING TARGETED HEALTH AND SOCIAL CARE SERVICES FOR OLDER PEOPLE

**Key Decision:** Yes Relevant Forward Plan Ref: 005190/2018

**If not in the Forward Plan:** Chief Executive approved   
(please "X" box) O&S Chair approved

**Relevant Cabinet Member(s):** Cllr Hamilton - Health and Social Care  
Cllr Brett O'Reilly - Finance and Resources

**Relevant O&S Chair:** Cllr Pocock - Health & Social Care  
Cllr Bore - Resources

**Wards affected:** All

**1. Purpose of report:**

- 1.1 To demonstrate how, through integrating targeted health and social care services for older people, opportunities to improve outcomes for citizens and the delivery of efficiencies can be maximised.
- 1.2 To specifically set out the financial benefits for BCC and how this impacts on the Medium Term Financial Plan.
- 1.3 To seek permission for BCC to lead a procurement exercise on behalf of Partners to maximise the opportunity.
- 1.4 The report on the private agenda contains confidential information in relation to proposals. The two reports - public and private - must be read together, as this public report does not repeat information contained in the private report.

**2. Decision(s) recommended:**

Cabinet is requested to note the report.

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Corporate Director Adult Social Care and Health

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### **3. Consultation:**

Consultation should include those that have an interest in the decisions recommended

#### **3.1 Internal**

- 3.1.1 The Vision for Adult Social Care is the basis of the Joint Health and Social Care Framework and was consulted on widely with staff prior to agreement by Cabinet in October 2017.
- 3.1.2 Many staff were involved in the diagnostic undertaken by Newton Europe in November/December 2017 (see paragraph 5.3).
- 3.1.3 Many staff engaged with the recent CQC review in January 2018, which endorsed the findings of the diagnostic and the need to implement changes.
- 3.1.4 Staff and stakeholders will be fully engaged in designing the new ways of working as part of the approach to change.

#### **3.2 External**

In February and March 2018, the Health and Wellbeing Board and the Birmingham and Solihull Sustainability and Transformation Board have endorsed the findings of the diagnostic and the Joint Health and Social Care Framework.

### **4. Compliance Issues:**

- 4.1 How this procurement relates to the Business charter and what social value will be delivered will be included in the procurement strategy
  - 4.1.1 The recommendations of this report are consistent with the Council's Vision and Forward Plan, 2018, and support the priority:
    - Health - A great city to grow old in
  - 4.1.2 Health, Priority 2 includes:
    - 'Promoting independence of all of our citizens'
    - 'Joining up health and social care services so that citizens have the best possible experience of care tailored to their needs'
    - 'Preventing, reducing and delaying dependency and maximising the resilience and independence of citizens, their families and the community'
- 4.2 Financial Implications  
(How will decisions be carried out within existing finances and Resources?)
  - 4.2.1 The system diagnostic identified the potential to realise £27.5m - £37.5m of savings on an annualised basis. Forecast financial benefits are set out in table 1 below.

*Table 1: Forecast Financial Benefits*

		Financial year:	18/19	19/20	20/21	21/22	22/23+
Financial benefit expected to be delivered in-year	BCC*	Target	£0.1m	£4m	£9m	£11m	£12m
		Stretch	£0.2m	£6m	£12m	£16m	£17m
		Midpoint	£0.2m	£5m	£10m	£13m	£14m
	NHS	Target	£0.7m	£12m	£15m, every year		
		Stretch	£0.9m	£16m	£21m, every year		
		Midpoint	£0.8m	£14m	£18m, every year		
	System total	Target	£0.8m	£16m	£24m	£26m	£27m
		Stretch	£1.1m	£21m	£33m	£36m	£38m
		Midpoint	£1.0m	£18m	£28m	£31m	£32m

4.2.2 A business case is attached as **Appendix 1**.

#### 4.3 Legal Implications

4.3.1 The recommendations in the report support the delivery of the Council's duties under the Care Act, 2014 which places a duty on Birmingham City Council to prevent and delay the need for Adult Social Care.

#### 4.4 Public Sector Equality Duty (see separate guidance note)

4.4.1 An Equality Analysis has been completed as outlined in **Appendix 2**

4.4.2 The proposals in this report are focused on improving the quality of life for Older Adults and in so doing improve the council's delivery of the equality agenda.

### 5. **Relevant background/chronology of key events:**

5.1 As part of the Better Care Fund, Birmingham City Council, NHS Trusts and CCGs have committed to transform Birmingham's intermediate care services – those services supporting the recovery, reablement and rehabilitation of older people addressing their physical, mental health and social care needs.

5.2 Intermediate care comprises of a range of targeted interventions to promote faster recovery from illness or injury, prevent unnecessary hospital admission and premature admission to long-term residential care, support timely discharge from hospital and maximise independent living.

5.3 During November and December 2017 teams across the system worked with specialists from Newton to undertake an evidence based diagnostic of current operating model. Newton are sector leading specialists in operational transformation working across the full breadth of Health and Social Care services, including Adult and Children's Social Care, Acute and Community Health, Commissioning, Primary Care, and some nationally

recognised work supporting whole systems. Newton were selected to support us with the diagnostic due to this breadth and depth of experience, but also because of their unique evidence and practical implementation based approach, which sees them work alongside the NHS and local authorities at all levels, to uncover and implement the changes that will make the biggest difference, guaranteeing improved outcomes and long term financial benefit. The findings from the diagnostic are included in sub appendix e of the Business Case (**Appendix 1**) and are summarised as follows:

**23%** - Total proportion of people we inappropriately admit into acute hospitals

**51%** - Total proportion of people delayed in hospital waiting to leave

**19%** - Total proportion of people we discharge out of hospitals onto an inappropriate pathway

**36%** - Total proportion of people we could provide better short-term bed enablement for

**37%** - Total proportion of people we could provide better home based enablement for

5.4 The Health and Wellbeing Board on 27<sup>th</sup> March 2018 supported a Framework for how health and social care can be delivered at a locality level through a place based approach. The Framework breaks our approach down into three interrelated themes which cover the whole range of support provided for older people and their carers:

- Prevention
- Early Intervention
- Personalised Ongoing Support

5.5 The Health and Wellbeing Board also supported new governance arrangements which included the formation of the Birmingham Older Peoples Partnership Group (chaired by the Corporate Director for Adult Social Care and Health) to establish a joint transformation programme.

5.6 The Birmingham Older Peoples Partnership Group have identified taking forward improvements to intermediate care services as part of an Early Intervention Programme as a priority. Our vision is to provide an integrated approach to intermediate care services which is person and carer centred and encompasses physical, mental health and social care needs. An Older Person's Advice and Liaison Service (OPAL) will cover the following two areas:

- Crisis response to avoid unnecessary hospital admissions and include the delivery of traditionally acute clinical interventions for older people that can be safely delivered at home.
- Enablement – home and/or community bed based interventions which aim to allow the person to remain at home and live as independently as possible. i.e. promote recovery, rehabilitation and reablement.

As far as possible individuals will remain at home, in most cases older people are more comfortable in their own homes and therefore recover and regain their independence more quickly if good quality therapeutic support can be provided – 'your own bed is best'. They will tell their story only once and have a single co-ordinated plan tailored to their needs and desired outcomes. They will know who to talk to for help during this time and will know who will be supporting them if they need ongoing support. They will be assessed by an appropriate clinician prior to any hospital admission and will not have to wait for the next stage of their enablement to be put into place.

Enablement will be designed to support people with complex needs including those with moving and handling issues and importantly people living with dementia. The

approaches will link with paramedic and general practice services, both of which have a key role to play.

- 5.7 The Partners believe that by making the above improvements through integrating intermediate care services at a locality level savings of between **£27.5m - £37.5m** per year are achievable. BCC and partner NHS organisations do not have readily available capacity of appropriate capability to manage such a large and complex programme and external support is needed. The expertise of the organisation used during the review, and the way they worked with staff across the system, was a positive and successful experience; an experience which should be reproduced in any implementation.
- 5.8 An initial assessment identified that a flexible team of 20-30 external specialists would be required to maximise the opportunity for change within a 60 week period.
- 5.9 In addition to delivering up to £37.5m savings per year the successful implementation of the early intervention transformation programme will significantly improve both A&E and DTOC performance. More specifically the Newton diagnostic has identified the following measurable opportunities which are translated into outcomes:
- By the right professionals responding more quickly to a crisis **2,900 to 3,500** older people will avoid acute hospital.
  - By improving assessments and promptly providing the right support older people will spend **28,000 to 40,000** fewer days in hospital.
  - By discharging older people from hospital to assess their longer term needs in the community **600 to 1,000** older people will live more independently with the right support.
  - After a shorter stay within an enablement bed **300 to 600** older people will live more independently at home.
  - By receiving therapy led enablement in their own homes **2,300 to 4,000** older people will live more independently.
- 5.10 It is proposed that on behalf of the partners that BCC lead a procurement using an appropriate framework via a mini-competition open to organisations that specialise in organisational change and are prepared to share the risk of successful implementation. We will be developing an options appraisal for the selection of an appropriate framework, which will be outlined in the procurement strategy.
- 5.11 We do not need a consultancy to tell us what we already know, we need the right nature of capacity with the right skills and experience to help us design new ways of working based on evidence and implement the required changes sustainably at pace and scale. We will only contract with an organisation that is prepared to build a programme plan and team with the skills and capacity we believe will help us deliver the target 27.5m – 37.5m savings. It will be necessary for the organisation to fix a pre-defined fee up front to reduce the exposure to Partners of any increasing fees. This commitment will include the requirement for the organisation to provide the necessary nature of additional resource at no extra cost to Partners, should it be agreed that this is necessary to deliver the programme effectively.

- 5.12 We will only contract with an organisation that can demonstrate a 100% track record of successful delivery using this type of contingent fee model, as it is vital that we can be assured that the programme is set up for success.

Proposed draft tender timeline is as follows:

By 1<sup>st</sup> July – develop procurement strategy and evaluation and selection of appropriate framework to use

9<sup>th</sup> July – Advert onto the framework

7<sup>th</sup> August – Advert closes

w/c 14<sup>th</sup> August – Scoring, moderation and delegated Award report

3<sup>rd</sup> September – 10 day stand still finishes

4<sup>th</sup> September – Award

## **6. Evaluation of alternative option(s):**

- 6.1 If a specialist organisation is not appointed then resource will need to be recruited externally with no guarantee that this is possible or that they would be able to maximise the savings opportunity in terms of both outcomes for citizens and savings. Each month of delay 'costs' the Health and Social Care System approximately £3m of savings not achieved in 18/19 and 19/20.
- 6.2 There are a number of reasons why the current system does not have the capability in isolation to deliver the changes required:
- Whilst relationships under new senior leadership across the system are vastly improved and 'green shoots' of co-operation are showing there is no history of successful joint working to build upon to do something of this scale.
  - When challenges emerge a degree of independence will be helpful
  - The required level of skill in improvement methodology to efficiently and effectively make the changes does not exist within the system
  - The discipline of effective programme management and the focus required does not exist
  - The system does not have the necessary numbers of individuals with the required skill sets to deliver at scale and pace
  - The concerns of staff and their representatives about change and how it is managed

**7. Reasons for Decision(s):**

7.1 To prevent older people from being unnecessarily admitted to hospital and prematurely admitted to long-term residential care; supporting timely discharge from hospital and maximising independent living.

7.2 To secure necessary external support in order to deliver better outcomes for older people at the earliest opportunity as well as efficiency savings.

**Signatures**

**Date**

Councillor Paulette Hamilton  
Cabinet Member  
Health and Social Care

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Councillor Brett O'Reilly  
Cabinet Member  
Finance & Resources

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Graeme Betts  
Corporate Director  
Adults Social Care & Health

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**List of Background Documents used to compile this Report:**

1. Cabinet Report 3 October 2017 - Birmingham City Council's Vision and Strategy for Adult Social Care (F/P Ref No. 004199/2017)

**List of Appendices accompanying this Report (if any):**

1. Business Case
2. Equality Assessment